

# Application for Recertification

## Section of Injury Prevention & Emergency Medical Services

PO Box 110616, Juneau, AK 99811-0616

(907) 465-3027 FAX: (907) 465-6736

Internet - <http://chems.alaska.gov>

I am applying for recertification as an: ☐ EMT-I ☐ EMT-II ☐ EMT-III

Name:	SSN:
Mailing Address:	Date of Birth:
	Home Phone:
Gender (Optional):    Male    Female	Work Phone:
Occupation:	E-mail Address:
EMS Affiliation/s:	
Ethnic Origin (Optional):	
White    Black    Hispanic    American Indian    Alaska Native    Asian or Pacific Islander    Other: _____	

Yes

☐

I need additional patches.

☐

I am requesting that my certification period be shortened by one year in order to make my expiration date the same as other members of my service. Signature: \_\_\_\_\_

☐

**Do not** send me a **RESPONSE: EMS Alaska** newsletter via mail. I will subscribe to the electronic version through the CHEMS web site.

### *Examinations and Skills Training*

Location at which WRITTEN examination for recertification was taken:	Date:
I am recertifying with a PRACTICAL examination. Location of exam:	Date:
If recertifying with the Skill Sheets option. (They are signed by an appropriate EMT-level Instructor)	Completion Date:

## CRIMINAL HISTORY QUESTIONS

*These three questions must be completed by all applicants*

Name:			
Certification Number:		Home Phone:	Work Phone:
<i>Yes*</i>	<i>No</i>	<i>N/A</i>	<i>Question</i>
			Have you been convicted of a violation of federal or state law, <u>excluding minor traffic violations</u> , within the last <b>fifteen</b> years?
			Have you ever been convicted of a violation of federal or state law pertaining to medical practice or drugs?
			I have previously disclosed the required information about all convictions to the Section of Community Health and EMS on a previous "Application for EMT Certification" or "Application for EMT Recertification," and I have no new convictions to report since my last application was submitted.

**\*IF YOU MARKED "YES" IN RESPONSE TO EITHER OF THE FIRST TWO QUESTIONS, PLEASE REFER TO THE "INSTRUCTIONS FOR AFFIDAVITS" BELOW.**

## INSTRUCTIONS FOR AFFIDAVITS

PLEASE READ THIS SECTION COMPLETELY:

1. **Individuals who responded "YES" to either of the first two questions above and responded "NO" to the third question** on this application must submit a signed affidavit with this application for certification. The affidavit must include:

- the date of the conviction;
- the official name of the offense(s),
- the sentence or treatment requirements imposed;
- the status of the sentence or treatment required; and
- any other information you believe is germane to your application for EMT certification.

The affidavit must be signed in the presence of a notary public, postmaster, clerk of court, judge, magistrate, state trooper or authorized state employee or EMS certifying officer.

The Section of Community Health and EMS reserves the right to require the submission of relevant court documents prior to determining whether a certificate should be issued.

2. **In addition**, applicants who responded "YES" to either of the first two questions and "NO" to the third question on this page of this application must obtain and submit the results of a criminal record check from the Alaska Department of Public Safety. The record check must have been completed within the 90 days preceding the date of application. If the criminal conviction was for a traffic related offense, a driving history from the Department of Public Safety also must be submitted. The driving record must have been completed within the 90 days preceding the date of application.

**Failure to disclose convictions may be considered "fraud or deceit in obtaining a certificate" and is, in itself, grounds for the suspension, revocation, or refusal to issue a certificate.**

## *Continuing Medical Education Reporting Form*

Name:

Certification Number:

Home Phone:

Work Phone:

***Subject:***

***Level:***

***Date:***

***Instructor:***<sup>1</sup>

***Signature:***

***Hours:***

Refresher Course

CPR Course

Total Hours, Refresher Course

Total Hours, Additional CME

TOTAL HOURS SUBMITTED

<sup>1</sup> The signature may be from either the instructor of the session or the EMS agency's training coordinator.

## Skills Verification

**Instructions:** All skills must be verified by an instructor certified at the level which the skill is performed. The verification attests that, on the date specified, the applicant performed the skill in a manner which was consistent with the department approved skill sheets, or for advanced skills not covered by the skill sheets, as deemed acceptable by the instructor.

<i>Name of Applicant</i>	<i>Certification Number</i>	
<i>Skill</i>	<i>Date</i>	<i>Verified By:</i>
<b><i>EMT-I Skills</i></b>		
Assessment of Blood Pressure, Pulse, Respiration, and Skin		
Physical Assessment - Medical (Includes treatment at highest level of certification)		
Physical Assessment -Trauma (Includes treatment at highest level of certification)		
External Bleeding Control		
Basic Shock Treatment		
Spinal Immobilization - Supine Patient		
Spinal Immobilization - Seated Patient		
Traction Splinting		
Administration of Supplemental Oxygen		
Oral Suctioning		
Bag-Valve-Mask		
Nasopharyngeal Airway Insertion		
Oropharyngeal Airway Insertion – Adult		
Oropharyngeal Airway Insertion – Child		
Assisting with Prescribed Medications		
<b><i>EMT-II Skills</i> (In addition to EMT-I skills listed above)</b>		
Endotracheal Intubation <b>or</b> Multilumen Airway <b>or</b> LMA (circle the skill observed)		
IV Access		
Administration of IV Medications		
Intraosseous Infusion – pediatric (proximal tibia)		
<b><i>EMT-III Skills</i> (In addition to EMT-II and EMT-III skills listed above)</b>		
EMT-III Cardiac Arrest Treatment		

## CPR Verification

**Instructions:** This section is to be completed by an EMT Instructor to verify current CPR credentials of the applicant from the American Heart Association or American Red Cross. **The course must have included both one and two rescuer CPR, foreign body airway obstruction and rescue breathing for adults, children, and infants.** The instructor must be presented with a current CPR card from the applicant or a roster with the applicant's name listed. The Department of Health and Social Services reserves the right to request a copy of the CPR card or roster prior to recertifying an individual as an EMT-I, EMT-II or EMT-III.

CPR cards from agencies other than the American Heart Association or American Red Cross may be applied towards the CPR requirement for recertification. However, a copy of the card must be attached to this application.

**Verification:** As an EMT Instructor certified by the Department of Health and Social Services, I verify that I have seen a CPR card or roster evidencing current CPR certification for \_\_\_\_\_ from the American Heart Association or American Red Cross as described above.

\_\_\_\_\_  
Expiration Date of CPR Card

\_\_\_\_\_  
Signature of EMT Instructor or Certifying Officer

## *EMT-II and EMT-III Applicants*

**MEDICAL DIRECTOR RESPONSIBILITIES: CERTIFIED PERSONS.** (a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II or EMT-III for the activities outlined in 7 AAC 26.040 and 7 AAC 26.540 must be in writing. Additional medications or procedures not listed in 7 AAC 26.040 or 7 AAC 26.540 may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with 7 AAC 26.670.

- (b) The medical director for a state certified EMT-I, EMT-II or EMT-III shall
- 1) provide direct or indirect supervision of the medical care provided by each state certified EMT-I, EMT-II, or EMT-III;
  - (2) establish and annually review treatment protocols;
  - (3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state certified EMT-II or EMT-III and the circumstances under which the techniques may be performed;
  - (4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II or EMT-III, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and
  - (5) approve a program of continuing medical education for each state certified EMT supervised.

I, \_\_\_\_\_, as physician medical director, support the recertification of

\_\_\_\_\_ at the EMT-\_\_\_\_ level and will continue to perform the duties of a physician medical director as outlined above.

\_\_\_\_\_  
Signature of Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Director

## **RELEASE OF INFORMATION AND VERIFYING SIGNATURE**

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, authorize the Department of Health and Social Services, Section of Community Health and Emergency Medical Services, to examine my EMS education records and any law enforcement records pertaining directly to this application for certification, and to discuss them with persons having possession of them. I also expressly permit and authorize release of such records pertaining directly to this application for certification to the Department of Health and Social Services, Section of Community Health and Emergency Medical Services.

I request that, upon presentation of this release, or a true copy, that you provide copies of those records to the Section of Community Health and EMS and/or representatives of the office of the Attorney General of the State of Alaska.

I authorize the Section of Community Health and EMS to discuss my records with persons or organizations which are considered appropriate by the Section in connection with an official investigation, and to provide copies of my records to those persons or organizations, if appropriate.

I understand that records disclosed to the department may become part of a public record and may not be protected from further disclosure by law.

This authorization is given expressly in connection with my application for certification as an Emergency Medical Technician, Defibrillator Technician or EMS Instructor in Alaska., This authorization expires one year from the date of my signature or at the expiration of my certification, whichever is last.

I certify under penalty of perjury that the foregoing is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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1. **(IN THE PRESENCE OF A NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE, IF SUCH OFFICIAL IS AVAILABLE, APPLICANT MUST SIGN HERE.)**

THIS IS TO CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me appeared \_\_\_\_\_ to me known and known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing and sealing the same.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_

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(2) **(IF THERE IS NO NOTARY PUBLIC, POSTMASTER, CLERK OF COURT, JUDGE, MAGISTRATE, STATE TROOPER OR AUTHORIZED STATE EMPLOYEE AVAILABLE, APPLICANT AND CERTIFYING OFFICER MUST SIGN HERE.)**

I certify under penalty of perjury that the foregoing is true and accurate. No Notary Public, Postmaster, Clerk of the Court, Judge, Magistrate, State Trooper or authorized State employee is available.

\_\_\_\_\_  
Signature of State Approved  
EMS Certifying Officer

\_\_\_\_\_  
Location

# ***APPLICATION CHECKLIST***

## **All Applicants**

- ☐ Completed and signed application for recertification.
- ☐ If trained and authorized to use an AED, a copy of your AED card or certificate;
- ☐ \$25 testing fee.
- ☐ Completion of the CPR verification portion of application (see page 4) or a copy of your current CPR card (1 & 2 person CPR, adult, child, and infant CPR and foreign body airway obstruction treatment) attached to application.

### ***If your certification has not expired or has been expired for 12 months, or less:***

(All materials **must be received** by State EMS Office within 12 months following expiration of certification)

- ☐ Documentation of 48 hours, or more, of approved continuing medical education obtained within the two years preceding the date of application for recertification. (Successful completion of a department approved refresher training program may be applied to satisfy part of this requirement.)
- ☐ Documentation of successful completion of the recertification written examination, not more than one year preceding recertification. (The written examination will be scored at the State EMS Office.); and **EITHER**
- ☐ Verification from a department-approved instructor attesting to the fact that you have successfully demonstrated competence in the skill areas outlined by the department (not more than one year preceding recertification) **OR**
- ☐ Documentation of successful completion of the recertification practical examination, not more than one year preceding recertification.

### ***If your certification been expired for between 12 and 36 months:***

(All materials **must be received** by State EMS Office within 36 months following expiration of certification)

- ☐ Documentation of 48 hours, or more, of approved continuing medical education obtained within the two years preceding the date of application for recertification.
- ☐ Documentation of successful completion of the recertification written and practical examinations. (The written examination will be scored at the State EMS Office). Please note that the practical examination must be completed in addition to the practical skills check off performed in the refresher training program.
- ☐ Documentation of successful completion of a refresher training program. (The program must have been completed no more than 12 months preceding the date of application).
- ☐ Verification from the instructor of the refresher training program attesting to the fact that you have successfully demonstrated competence in the skill areas outlined by the department within the twelve months preceding the date of application.
- ☐ Letter of recommendation from your EMS Supervisor.

### ***All EMT-II and EMT-III Applicants (in addition to requirements above)***

- ☐ Evidence that you are under the sponsorship of a physician medical director who agrees to fulfill the responsibilities of a physician medical director outlined in the EMS regulations.

### ***Important Notes Regarding This Application***

The information contained in this application for certification, and in your permanent EMS certification record at the State EMS Office, is considered a "Public Record" and is not protected from disclosure by law. By completing this application and signing it in the presence of a Notary Public or EMS Certifying Officer, you are confirming the accuracy of the information entered on the application.

Your EMS certification records may be kept in electronic, paper, and microfilm formats. You have a right to request a copy of your records at any time. Any individual has the right to inspect and copy public records under reasonable rules and during regular office hours. All requests must be made in writing. Information which is non-disclosable will not be made available.

The Department may charge a fee for searching and copying its records in accordance with AS 09.25.110 and 6 AAC 95.130.

It is the responsibility of the applicant to keep the Department informed of his or her current mailing address. The Department will send correspondence, including applications for recertification, to the address on file.

If an individual believes information contained in his or her certification records is incorrect, the individual should notify the Section, in writing, of the perceived error. The address of the EMS Section is:

Section of Injury Prevention & EMS  
Department of Health and Social Services  
Box 110616  
Juneau, AK 99811-0616

For more information about public records in Alaska, the reader is directed to review AS 09.25.110 – 09.25.220 and 6 AAC 95.010 – 6 AAC 95.900.